

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT – POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS		Patent Number		7,883,529	
		Issue Date		February 8, 2011	
		First Named Inventor		Margaret Mary Sinnott	
		Title	THREADED SUTURE ANCHOR AND METHOD OF USE		
		Attorney Docket No.		OSTEONICS 3.0-749 CON	

I hereby revoke all previous powers of attorney given in the above-identified patent.

☐ A Power of Attorney is submitted herewith.
 OR
☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

00530

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified patent to:

☒ The address associated with the above-mentioned Customer Number.
 OR
☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City	State	Zip
Country	Telephone	Email

I am the:

☐ Inventor, having ownership of the patent.
 OR
☒ Patent owner.
 Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Inventor or Patent Owner

Signature	Date
Name	Telephone
Title and Company	

Signature: *Kevin Lobe* Date: *12-12-11*
 Name: Kevin Lobe Telephone: _____
 Title and Company: Group President, Orthopaedics, STRYKER CORPORATION

NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 1 forms are submitted.